

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number <u>10/280588</u>		Filing Date		
								Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*	
1	/						51					
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50							100					
Total Indep	7						Total Indep					
Total Depend	18						Total Depend					
Total Claims	15						Total Claims					

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